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ABSTRACT

A survey completed by managers of 77 senior centers in Idaho revealed that meals, blood pressure screening, and games and trips were the most successful activities offered. Alzheimer's support groups, library books for loan, and exercise classes were the least successful. Possible reasons for the success or failure of these activities were explored, and three general implications were drawn: (1) senior citizens like to have fun and socialize without having to bother with preparations; (2) activities offered need to reflect a wide variety of options to elicit large participation and success levels; and (3) senior citizen activities should reflect the needs of each community. References are included. (TE)

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IDAHO SENIOR CENTER ACTIVITIES, ACTIVITY PARTICIPATION LEVEL, AND MANAGERS' PERCEPTIONS OF ACTIVITY SUCCESS

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ABSTRACT:

A Survey of all 114 senior centers in Idaho revealed that meals, blood pressure screening, and games and trips were the most sucessful activities offered. Alzheimer's support groups, library books for loan, and exercise classes were the least successful. Possible reasons for activity success or failure are explored.

KEY WORDS: SENIOR PROGRAMS, SENIOR SERVICES

IDAHO SENIOR CENTER ACTIVITIES, ACTIVITY PARTICIPATION, AND MANAGERS' PERCEPTIONS OF ACTIVITY SUCCESS

Introduction

As the population of the United States ages, senior centers have become more significant focal points for the delivery of supportive services for the elderly. (Krout, 1986b; Harris & Girvan, 1989). Historically senior centers were organized for the purposes of recreation and socialization (Hanssen, et al. 1978). Data from studies by Hanssen, et al. (1978), Gayle & Gayle (1987), Krout (1985a), and Gilbert (1986) indicate that today's senior center can and should often be more comprehensive in scope, offering activities ranging from information seminars on health and political topics, blood pressure screening, health fairs, grief support groups, exercise classes, meals and nutrition education, to dances, games, outings to ball games and parks, and picnics. Clark (1982), Speakes (1987), Gilbert (1986), Burdman (1986), and Allen (1986) praise these expanded program offerings because of the benefits derived by the program participants in the areas of increased self-confidence, improved coping behavior, and enhanced quality of life.

Despite the seeming myriad of current programs and the perceived benefits of participation, findings by Cutler (1971), and Hanssen, et al. (1978) have demonstrated that participation levels are not necessarily high. Thus, the major purpose of this study was to examine senior centers throughout Idaho to discover what activities were being

offered, the percentage of participation in activities at individual centers, and the center manager's perceived success of each activity. Secondarily, narrative comments were collected from the center managers to help better define their perceived reasons for success or failure of various activities.

Description of the Study Sample

In order to best ascertain the types of programs and activities offered in Idaho senior centers, it was decided to survey all 114 centers. A list of all senior centers and the names of all center managers were obtained from the Area Office on Aging in Boise, and surveys were mailed in September of 1987. Managers of the centers were asked to return the surveys within two weeks. Seventy-seven of the surveys were returned for a total percentage of 67%. Because of the rate of return, and because every county in Idaho having a senior center was represented at least twice, a second mailing was not deemed necessary.

Instrumentation and Data Analysis

After a literature review, no suitable instruments could be found that were applicable to this study. To accomplish study objectives, a three-part survey instrument was developed with the help of an expert panel consisting of a senior center manager, a member of a senior center, a

university advisor, and a senior center nutrition counselor. Articles by Gilbert (1986), Bolton & Ball (1983), Mahoney (1983), and Barbaro & Noyes (1984) were also helpful in preparing the survey as appropriate senior center activities or interventions were mentioned in each.

Part I of the survey consisted of a list of potential activities and asked the center manager to check the percentage of seniors enrolled at the center who were participating in each of these activities (if they were offered). A section was also made available to list "other activities." Choices for percentage selection were listed in a Likert scale format and offered three options: (a) >50%, (b) 20-50%, (c) <20%.

Part II consisted of the same list of potential activities and programs as in Part I but asked the manager to rate their perceived success of each activity as (a) very successful, (b) moderately successful, and (c) unsuccessful. Frequency scores were tabulated for all activities by response category.

Part III was open-ended. Managers/directors were asked to narratively describe programs they would like to add or change, if any, and why.

Because the purpose of the study was descriptive in nature and no prediction was attempted, data were analyzed by calculating frequencies and percentages. The narrative

comments were used to help provide possible reasons for activity success or failure.

Types of Activities Offered

As can be seen in Table I, the most popular two activities offered by the senior centers were hot meals (97%--usually a lunch) and blood pressure screening (94%). Other activities offered by the majority of centers included games (cards, bingo, etc.--74%), speakers on topics of interest to seniors (74%), trips (71%), brochures detailing health hints (65%) and exercise sessions (57%). Health fairs were held at nearly half of the centers (49%), while dances (43%), classes (36%), libraries and books (32%) were found in less than half of Idaho's senior centers. Alzheimer's and grief support groups were held at fewer than one-fifth (19% and 16% respectively) of the centers.

It should be mentioned that 14 additional activities were listed under the "other" response category by managers. Since no single additional activity appeared on more than two of the surveys, "other" activities were not included in the final analyses.

Level of Participation

Table II describes the level of participation by percentage for each of the activities surveyed. It must be noted that not all 77 centers that responded offered each

TABLE 1

Percent of Senior Centers Having Listed Activity
(N=77)

ACTIVITY	PERCENT
Meals	97
Blood Pressure Screening	94
Speakers on Health Topics	74
Games	74
Trips	71
Health Brochures	65
Exercise classes	57
Health Fairs	49
Dances	43
Classes-Informational	36
Library Books	32
Alzheimer's Support Groups	19
Grief Support Groups	16

TABLE II

Activity Participation Level for Centers Offering Listed Activities

ACTIVITY	PARTICIPATION LEVEL		
	>50%	20-50%	<20%
Meals	63	9	3
Blood Pressure Scr	48	21	3
Speakers on Health Top	30	14	13
Games	12	34	11
Trips	10	22	23
Health Brochures	20	11	19
Exercise Classes	2	5	26
Health Fairs	10	15	13
Dances	2	14	17
Classes-Informational	7	9	12
Library Books	5	4	16
Alzheimer's Support Grp	2	1	12
Grief Support Groups	4	3	5

activity; consequently, numbers are only for those centers offering the listed activity. By far the greatest participation levels occurred for meals and blood pressure screening where 63 (84%) and 48 (67%) of the centers had greater than 50% of their seniors taking advantage of these programs. Only one other activity, speakers on health topics, generated an interest among senior citizens where over half the centers (30) offering "speakers" as an activity had greater than 50% participation. All other activity offerings had less than one-third of the centers with a greater than 50% participation rate.

Only one activity, "games", had a majority of the senior centers, 34 (60%) with a 20% to 50% participation level. Alzheimer's support groups, exercise classes, library, and dancing were the least well attended offerings. Each of these activities were reported by a majority of senior centers [Alzheimers 12 (80%), exercise classes 26 (79%), library books 16 (64%), and dancing 17 (51%)] to have less than 20% of their members attending these activities.

Perceived Success

In answering the survey senior center managers were given three possible choices for each activity offered in the section dealing with their perceived success of the various activities. The choices were: 1) very successful, 2) moderately successful, and 3) unsuccessful. "Very

TABLE III

Number of Center Managers Perceiving Success for Each Activity

ACTIVITY	PERCEIVED SUCCESS RATING		
	Very Succ.	Mod Succ.	Unsucc.
Meals	67 (89%)	7 (10%)	1 (1%)
Blood Press Screen	62 (86%)	10 (14%)	7 (27%)
Speakers on Health Top	29 (46%)	19 (31%)	14 (23%)
Games	41 (65%)	15 (24%)	7 (11%)
Trips	40 (67%)	16 (27%)	4 (6%)
Health Brochures	19 (31%)	33 (53%)	10 (16%)
Exercise Classes	7 (16%)	13 (30%)	24 (54%)
Health Fairs	28 (60%)	14 (30%)	5 (5%)
Dances	6 (14%)	26 (59%)	12 (27%)
Classes-Informational	6 (14%)	14 (33%)	23 (53%)
Library Books	2 (6%)	8 (22%)	26 (72%)
Alzheimer's Support Grp	2 (10%)	4 (20%)	14 (70%)
Grief Support Group	5 (19%)	14 (54%)	7 (27%)

successful" was defined as being liked by the majority of participants. "Moderately successful" was defined as being viewed as generally worthwhile by one-fourth to one-half of the seniors in the center. "Unsuccessful", on the other hand, meant either having high chances of being discontinued or having been discontinued due to lack of participation or indicated lack of interest on the part of the seniors using that particular center.

Table III contains the results of the perceived success ratings. Meals (89%), blood pressure screening (86%), trips (67%), games (65%), and health fair (60%) were seen as being "very successful" by the majority of managers of centers that offered these activities. Actual percentage responses are found in parentheses following each choice. For all other activities, less than half the managers believed the activities were very successful.

Dancing (59%), grief workshops (54%), and health hints brochures (53%) were indicated to be moderately successful by greater than half of the senior center managers. In addition, library books (72%), Alzheimer's support groups (70%), exercise classes (54%), and information classes (53%) were activities that were perceived to be unsuccessful in the majority of centers.

Discussion of Results

Upon initial examination of results, the level of participation in activities might seem to be low. Collapsing the >50% and the 20% to 50% categories into one in the activity participation portion of the survey (Part II) yields all but four of the activities (Alzheimer's support group, exercise, library books, and dancing) having a greater than 20% participation rate. For many of the activities, a rate of 20% or higher may, indeed, be sufficient. Twenty percent participation in some of the centers in Idaho may be as few as 5 people; in others 20% may be 100 people. Success in the Boise area, with six senior centers, may not be the same as success in New Meadows, with a town population of 700.

Similarly, collapsing the "very successful" and "moderately successful" categories in Part III leaves only library books, Alzheimer's support groups, exercise classes, and information classes that are not perceived as at least "moderately successful" by the majority of the center managers. This can be taken as an indicator of a general "positive" feeling concerning the types of activities offered and the level of participation in those activities, at least among center managers. Of course, managers can have their jobs riding on the success and types of

activities offered, but the assumption is made that the managers want what is best for their clientele.

Reasons for perceived success or lack of perceived success of certain activities were deduced from the narrative comments section submitted by almost half (47%) of the center managers. Three activities had a less than 20% participation level and had been perceived as being unsuccessful: 1) Alzheimer's support group, 2) exercise classes, and 3) library books. Managers indicated several reasons for these responses.

Alzheimer's Disease is a very difficult condition for families to deal with. It was felt that private counselors, ministers, or other family members provided the most support for a family struggling to deal with an Alzheimer's patient. Senior centers, at least in Idaho, have not been able to meet the family's need either because these other resources are being utilized, or because the family is publicly embarrassed to admit there is a problem and is not ready to seek assistance.

Exercise classes, on the other hand, are not successful because the elderly do not want to exercise with other people. They are many times ashamed of their physiques or just feel depressed because they physically cannot do what they used to be able to do. Several center managers also mentioned that a lack of options as to types of exercises greatly reduced participation.

While 32% of the senior centers provide library books for the members to read, usage of the books is low. Several explanations for the perceived failure of this service were postulated. All of the library books in the centers are used books. Many of these books are donated by people who want to discard old books; consequently, they might not be the most interesting books available for the senior center population to read. The books might require more concentration and be more demanding than the seniors want. In addition, TV is much easier for an older person's eyes to adjust to, so providing books seen first on TV or having discussion groups after viewing a TV movie might be an answer. As a person ages, he/she becomes more individualistic and more set in his/her ways. A manager of a senior center that provides a library service should keep the precepts mentioned above in mind.

One of the activities that seemed to have a moderate participation level but was perceived by the majority of the managers as being unsuccessful was "informational classes." Reasons for the contradiction occur because classes are popular with some of the seniors depending on the topic, but many see classes as reminding them of school. They either feel inadequate to learn, do not want to learn (at least in a formal setting), or they are bored with the topics offered (many speakers are politicians).

In a similar vein, dances had a low participation level (more than half of the centers had less than 20% participation), but were seen by the majority of the center managers as being moderately successful. It seems as though success is relative when discussing dances. Many elderly people enjoy watching the dances or enjoy listening to the band or recordings, but only a few of them actually like to dance.

The remainder of the activities were offered by more than half of the centers and were perceived as being at least moderately successful and had at least a 20% participation level. Of those activities, meals and blood pressure screening were at the top in all categories.

Reasons for the resounding success of "meals" as an activity are not difficult to understand. Meals are times not only for eating, but socializing. The food is provided by the center, which saves food preparation on the part of the members. There are few groups of any age in the United States that would not enjoy the comradery and fun associated with eating with friends and acquaintances, as occurs in senior centers.

Blood pressure screening is successful because it is easy, noninvasive, free, and known to be an important component in monitoring one's health. An awareness of the importance of monitoring risk factors for heart and vascular problems, partially created through advertising on TV and in

newspapers and magazines, has also greatly helped to increase the popularity of this activity among seniors.

Two other activities that had a high degree of perceived success were "games" and "trips." Games such as cards and board games combine the advantages of socialization, fun, and sometimes food snacks. Also, not much physical effort is required, so almost anyone can participate. Trips, on the other hand, are popular, but usually space is limited in the vans or buses used for transportation. Consequently, frustration can develop. The destination of the trip and whether or not food is being offered also play a part in the participation levels.

Finally, "health fairs", "health brochures", and "speakers on health topics" were perceived as being at least moderately successful by the majority of center managers. Managers of centers offering these activities (more than half of the centers do) also reported that these activities had moderate to high participation levels. Information on health is a popular trend in the U.S.. As long as there is not an overload of information, i.e., a health fair that focuses on many topics at once, seniors do not feel so overwhelmed. They enjoy learning how to take better care of their bodies--they just like to be able to learn at a slower pace. Speakers that provide content that is easy to understand and that has meaning, and health fairs that

provide factual, relevant information will continue to be successful activities.

Although the results of this study are not generalizable to the nation as a whole, findings can be used by gerontologists, health educators, social workers, senior center managers, and nurses in other parts of the United States to plan programs that potentially have a greater chance of success. This is particularly true in rural senior centers, due to the fact that Idaho is a state dominated by rural populations.

In summary, three factors stand out. One--senior citizens like to have fun and socialize without having to bother with lots of preparations. Two--older people many times are more independent. Activities offered need to reflect a wide variety of options to elicit large participation and success levels. And three--senior center activities should reflect the needs of each community.

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